2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 758761

Entity Name: COVE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

880 10TH AVE. SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

501 GOODLETTE RD. N
SUITE C-200
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0128948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COASTAL PROPERTY MGMT
501 GOODLETTE RD. N.
SUITE C-200
PALM BEACH GARDENS, FL 33-412 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: BURTON, WINNIE
Address: 880 10TH AVE. SOUTH, #104
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: WARPINSKI, RICHARD
Address: 701 TERI LN
City-St-Zip: YORKVILLE, IL 60560

Title: D (X) Delete
Name: ENGELSTED, ALEXANDRA
Address: 225 COVE LANE
City-St-Zip: NAPLES, FL 34102

Title: P (X) Delete
Name: OCANA, RAUL
Address: 880 10TH AVE S 103
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAUL, OCANA
Address: 880 10TH AVE. SOUTH, #104
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S GREEN MGR 04/15/2009

Electronic Signature of Signing Officer or Director — Date